K011359

JUN 2 8 2001

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of the Safe Medical Devices Act (SMDA) of 1990 and 21 CFR 807.92. All data included in this document is accurate and complete to the best of KSEA's knowledge.

Applicant:

Karl Storz Endoscopy - America, Inc.
600 Corporate Pointe Drive
Culver City, CA 90230
(310) 558-1500

Contact:

James A. Lee
Regulatory Affairs Specialist

Device Identification:

Common Name:
Cannula

Trade Name: (optional)
KSEA EndoTIP System

Indication: The KSEA EndoTIP System is intended for use by qualified surgeons or physicians to provide access to the patient's thoracic cavity and allow insertion of endoscopes and endoscopic accessories during thoracoscopic surgical procedures.

Device Description: The KSEA EndoTIP System are manual reusable surgical devices provided to the end-user in a non-sterile condition. The KSEA EndoTIP System is comprised of a threaded hollow cannula with a blunt penetrating distal end. The body contact materials are surgical grade stainless steel.

Substantial Equivalence: The KSEA EndoTIP System for use by qualified surgeons or physicians to provide access to the patient's thoracic cavity and allow insertion of endoscopes and endoscopic accessories during thoracoscopic surgical procedures are substantially equivalent to the predicate devices since the basic features and intended uses are similar. The minor differences in design and dimensions between the KSEA EndoTIP System and the predicate devices raise no new issues of safety and effectiveness, as these design differences have no effect on the performance, function or intended use of these devices.

Signed: _____

James A. Lee, Ph.D.
Regulatory Affairs Specialist

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 2 8 2001

James A. Lee, Ph.D.
Regulatory Affairs Specialist
Karl Storz Endoscopy-America, Inc.
600 Corporate Pointe
5th Floor
Culver City, California 90230

Re: K011359
Trade/Device Name: EndoTIP System
Regulation Number: 876.1500
Regulatory Class: II
Product Code: GCJ
Dated: May 2, 2001
Received: May 3, 2001

Dear Dr. Lee:

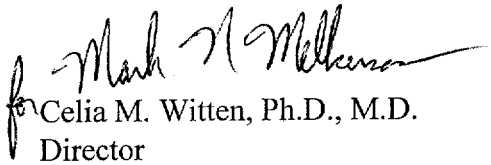
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,



for Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K011359

510(k) Number (if known): Not yet assigned

Device Name: EndoTIP System

Indications for Use: These instruments are intended for use by qualified surgeons or physicians to provide access to the patient's thoracic cavity and allow insertion of endoscopes and endoscopic accessories during thoracoscopic surgical procedures.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Brent Ahrett MD for CMW

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K011359

Prescription Use: ✓ OR Over-The-Counter Use: _____
(Per 21 CFR 801.109)

(Optional Format 1-2-96)